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ABSTRACT

A plan was developed to evaluate the organizational interchanges between local school districts and community mental health centers. The objective was to identify and describe the organizational interchanges, to assess interface satisfaction, and to identify innovative planning, program, or administrative linkages for potential replication. Data sources included written questionnaires completed by local staff in the two agencies, interviews with staff who had reported that the local linkage of the two agencies was satisfactory or exemplary, and observations of local programs resulting from the interface of the agencies. The results provide baseline data as to the status of mental health-education linkages in Florida. The results indicate that progress has been made in developing mental health-education linkages at the local level. These relationships between organizational entities, groups, and individuals have resulted in increased and improved provision of appropriate education and related services to public school students. Advances have also been made by mental health in the provision of education and consultation services to public school staff and the community. The assessment process results should serve as a basis for policy revision and policy development aimed at encouraging the initiation and maintenance of mental health-education endeavors. (Author/PN)

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Evaluation of the Linkages Between Community Mental Health Centers and Local School Districts

by

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Evaluation of the Linkages Between
Community Mental Health Centers and Local School Districts

Linkages are organizational interchanges which occur between agencies. Linkages include formal and informal relationships and strategies which result in cooperative planning and programming to attain the separate and mutual goals of the linked agencies.

Staff within the agencies responsible for the provision of education and mental health services to children in Florida recognized that local education agencies and community mental health centers were beginning to develop formal linkages such as contracts and written cooperative agreements. Much of this activity appeared to be resulting from federal and state requirements to provide a free, appropriate education, including supportive services necessary for students to benefit from education. Review of the literature indicated very little information which could be used for assessing linkages between the two agencies. In addition, the state agencies had no planned procedures to identify, describe, and disseminate information regarding successful education/mental health linkages at the local level. In response to the absence of information and the need for developing and maintaining a close interface between the two agencies, the staff of the Department of Health and Rehabilitative Services and the Department of Education developed a proposal to evaluate the organizational interchanges between local school districts and community mental health centers, in Florida.

The evaluation plan was based upon three major objectives. The first objective was to identify and describe the type and quantity of organizational interchanges between local school systems and community mental health centers. Organizational interchanges of interest included funds, staff, services, and

clientele. The type and frequency of communication between local school districts and community mental health centers used to effect and maintain such organizational interchanges was also of primary interest.

The second objective was to assess the perceived degree of satisfaction of local school district and community mental health center staff with the interface of the two agencies. The third objective was to identify and describe innovative planning, program, or administrative linkages for potential replication.

Methodology

The evaluation plan consisted of five major tasks. The first task was to collect information about the organizational interchanges occurring between all local school districts and community mental health centers in the state. This task was addressed through the design of a questionnaire.

The second task was to utilize the information collected via the questionnaire to select for further study those sites which appeared to have innovative planning, program, or administrative linkages. This task was addressed through summarization of the questionnaire data and through review of the data by an editorial board comprized of both education and mental health staff.

The third task was to collect more extensive information about the sites selected for further study and to describe the interchanges found to be occurring between the local school district and the community mental health center. This task was addressed by designing a structured interview format, conducting interviews with the staff of each local school district

and each community mental health center selected for further study, observing operational programs resulting from the linkages, and describing the results of the interviews and observations in writing.

The fourth task was to organize the information produced through the study activities into a publication. The purpose of the publication was to document the status of mental health-education linkages, provide information useful in improving mental health-education linkages, and to encourage users of the publication to seek additional information about mental health-education linkages. The publication was intended for dissemination to all local school district and community mental health centers in the state, as well as to policy makers and interest groups.

The fifth and final task was to evaluate the publication to determine it's utility. This task was addressed through the design of forms and procedures for 1) an initial evaluation to be completed upon review of the publication, and 2) a follow-up evaluation to be conducted six months after the publication had been disseminated.

Study Results

A questionnaire was developed and disseminated to all local administrators of special education, student support services, and community mental health centers. Regional contact persons responsible for providing support to local special education programs (Florida Diagnostic & Learning Resource System) also received a questionnaire. The questionnaire items focused on a) the organizational interchanges occurring between the agencies at the local level, b) the communication structure being utilized, c) the perceived degree of staff satisfaction with the interface of the two agencies, and d) obtaining descriptions of those linkages which local staff believed to be worthy of replication.

Completed questionnaires were obtained from 61 of 76 community mental health centers (80%). A total of 84 mental health staff responded. Completed questionnaires were also obtained from 64 of the 67 school district (96%) with 100 education personnel responding.

The Status of the Linkages as Reflected by the Questionnaire Data

Analysis of the data collected via the questionnaire revealed the following information about the status of mental health-education linkages in Florida, during the 1980-81 school year.

Written Cooperative Agreements

Approximately 45% of the community mental health centers or clinics have established and are implementing a written cooperative agreement with a local school district. In approximately one-half of these instances, the cooperative agreement includes the assignment of local school district staff to the community mental health center or clinic. Written cooperative agreements are established primarily by large and middle sized school districts.

Contractual Agreements

Approximately 50% of the community mental health centers or clinics have established and are implementing a contractual agreement with a local school district. These contractual agreements result in mental health staff providing a broad array of mental health services to public school students, staff, and programs. Examples of services provided include: consultation; education; parent education and counseling; individual and group therapy; diagnosis and evaluation of students; and substance abuse prevention and intervention activities. The approximate value of the contractual agreements for the 1980-81 school year was $1,600,000.

Other Purchase of Service

In addition to receiving services through written cooperative agreements and contractual agreements, some school districts have formulated agreements which result in purchase of services from community mental health centers or clinics on an as needed basis, but fairly frequently. These services are primarily diagnostic and evaluation services for students.

Referral of Students

A majority of both mental health and education staff reported that the school districts refer students to community mental health centers and clinics.

Cooperative Planning

A majority of the respondents indicated that mental health and education staff participate in joint planning meetings. Mental health staff reported that the primary focus of these planning meetings is on the needs of individual students, (e.g., development of individual educational plans). Education staff reported that the primary focus of planning meetings was on the development of future programs and services.

Communication

A majority of the mental health respondents indicated that the primary mode of communication with education staff was through face-to-face contact, while a majority of the education staff indicated that the primary mode of communication was via telephone. Written communication was reported as the communication strategy least often used by both groups.

Cross-Participation in Inservice Training

Responses indicated that during 1980-81 the frequency of education staff participating in inservice training provided by mental health centers or

clinics was notably greater than the frequency of mental health staff participating in inservice provided by the local school district (44% of the mental health respondents as opposed to 19% of the education respondents).

Cross-Participation in Agency Committees

Less than one-half of the mental health respondents indicated that staff of the local school districts within their service area served on community mental health center or clinic committees. Only one-third of the education respondents indicated that mental health staff served on local school district committees. Instances were also reported of both mental health and education staff participating in multi-agency committees.

Respondents' Assessment of the Mental Health - Education Linkage

Respondents were asked to assess the mental health-education linkage using a five-point Likert Scale, (i.e., exemplary, satisfactory, minimal, unsatisfactory, or non-existent). Results of the ratings are presented in the following table.

Table 1

Local Staff Assessment of Mental Health - Education Linkage

n=184

	Exemplary	Satisfactory	Minimal	Unsatis-factory	Non-existent
Mental Health	14%	45%	24%	12%	5%
Education	8%	36%	32%	9%	15%

These data indicate that a majority of the mental health respondents perceived the mental health-education linkage as satisfactory or exemplary, while a majority of the education respondents perceived the linkage as minimal, unsatisfactory, or non-existent. The small number of respondents who perceived the mental health-education linkage as exemplary should be noted.

Selection of Potentially Linked Sites

In 28 community mental health centers or clinics, one or more respondents reported a satisfactory or exemplary linkage between the center or clinic and a local school district. One or more respondents from 33 local school districts reported a satisfactory or exemplary linkage between the school district and a community mental health center or clinic.

Pairing of community mental health centers or clinics and school districts reporting a mutual rating of the linkage as satisfactory or exemplary resulted in 18 community mental health centers or clinics paired with 18 school districts. In three of these instances the community mental health center was paired with two or more school districts. In four instances, a local school district was paired with two or more community mental health centers or clinics. Organization of paired sites by geographic area resulted in identification of 24 potentially linked sites. These sites were selected for further study.

Results of Onsite Interviews and Observations

Onsite interviews and observations were completed for all but two of the selected sites. Two mental health facilities were not visited due to scheduling difficulties. Telephone interviews were conducted with personnel of the two sites and program documents were reviewed.

Onsite interviews and observations were utilized to confirm data reported through the written questionnaires, expand the detail of the data, and collect additional information about the linkages. The information was used to prepare a "linkage description" for each site.

Characteristics of the Sites

The purpose of this section is to highlight the characteristics of mental health-education linkages gleaned from analysis of the interview data across sites.

Locus of the Linkages

No consistency was found in the organizational level at which linkages occur between CMHC's and local school districts. In some instances, the linkage was established through the respective boards (i.e., the center or clinic board and the school board). In other instances, each unit or special project within the center or clinic related to the school district more autonomously and with varying degrees of inter-agency coordination. Most linkages between CMHC's and local school districts appeared to be with exceptional student education. Limited linkages with other local school district units and programs were identified including Student Services, Elementary Education Program, Primary Education Program, Adult and Community Education and individual schools.

Developmental Stage of the Linkage

There appeared to be no magic age at which a linkage between a community mental health center or clinic and a local school district became satisfactory or exemplary. For the sites visited, (i.e., those sites where personnel of both agencies reported that the mental health-education linkage was satisfactory or exemplary) the length of time the linkages had been established ranged from one year to more than ten years.

Personnel

In several instances, mental health and education administrators cooperatively interviewed and recommended candidates for employment in cooperative programs. In some cases, there was also joint evaluation of the performance of personnel employed in cooperative programs. This existed most often where procedures for both clinical and educational supervision of staff had been clearly specified.

Many instances were noted where individuals initially employed by a community mental health center or clinic became employees of a local school district and vice versa. Respondents indicated repeatedly that staff who had previously been employed by the other agency had been instrumental in improvement of the linkages and thus service delivery. In the sites visited, it was found that the staff of both the mental health center or clinic and the school district had not been experiencing rapid turnover.

Action Authority

Individuals involved in mental health-education linkages which they believe to be satisfactory or exemplary consistently reported that they possessed the authority needed to carry out the job to which they were assigned. Some inconsistencies were noted however in the reports of how the staff of each agency perceived their counterpart in the other agency. For example, some respondents indicated that communication and decision making was impaired due to their counterpart in the other agency having to confer with other individuals when it would appear that the matter at hand was within the realm of the individual's job responsibilities.

Communication

In the sites visited, both formal and informal communication strategies were being utilized. The communication was characterized as occurring frequently and involving administrative, direct services, and instructional personnel. In some cases where large, complex cooperative programs were being implemented, liaisons had been appointed by each agency and communication channels were specified in writing. In other such sites, respondents reported the need for improving communication by designating liaisons and specifying communication procedures.

In almost all instances, respondents reported that procedures for sharing information on individual students had been developed and implemented including referral, evaluation, and progress data.

Conflict Resolution

In instances where problems had arisen in the mental health-education relationship, two major strategies were reported as used for conflict resolution. The first strategy was the "direct approach." This usually involved a contact by the individual who was perceiving the problem with his/her counterpart in the other agency. In those instances where specific liaison personnel had been designated by the agencies and procedures for communication delineated, contact was made with the liaison in the other agency.

The second strategy utilized for conflict resolution was that of "following the chain of command." This strategy was often reported as being used when problems were not easily resolved or when the intervention/approval of a higher authority was required for problem resolution.

Cross-Participation in Inservice Training

Both community mental health centers and local school districts conduct inservice programs for their respective staffs. The sponsoring agency often invites personnel of the other agency to participate in the inservice session being provided. However, it appeared that there was a lack of cooperative planning for and provision of inservice training which would be mutually beneficial to both mental health and education personnel.

Monitoring/Evaluation Data

Most sites maintained appropriate process information on the number of students served via the mental health-education linkage and the quantity of services delivered. These data were primarily used for reporting to other levels of the respective system and for obtaining payment for services rendered.

Some attempts were being made to measure the impact of cooperative programs upon students through assessment of academic gains and behavioral changes. In addition, community mental health centers and clinics generally administer satisfaction scales to program participants. Some specially funded programs within community mental health centers were producing comprehensive evaluation reports for submission to their funding agencies.

Respondents consistently reported that evaluation of cooperative programs is an area in need of improvement. Respondents also consistently expressed a desire for technical assistance in the area of program evaluation.

Factors Constraining the Linkages

Community mental health center or clinic staff consistently reported the need for additional resources in order to improve linkages with local school districts. In some instances, reductions in budgets had already decreased the contact with the school system. In other instances, rapid growth in the population of the service area without commensurate increase in resources has weakened the clinic or centers' ability to initiate and maintain effective linkages. Instability in the funding received by community mental health centers and clinics was viewed as a constraining factor by local school district personnel.

Conclusions and Recommendations

Based upon the data gathered throughout the components of the study, several conclusions and recommendations were formulated. Cooperative assessment of the conclusions and recommendations by community mental health and education staff should result in decisions as to the relevance of their content. Cooperative assessment of the conclusions and recommendations should

should also provide a framework for identifying recommendations which are worthy of implementation, making decisions as to the priority in which recommendations should be addressed, and for planning how the two agencies will implement the plans utilizing the philosophy of a partnership.

Conclusions

The results of the study provide baseline data as to the status of mental health-education linkages in Florida. Without similar data having been collected previously, it is difficult to assess how much change has occurred statewide during the past few years. The results however do indicate that progress has been made in developing mental health-education linkages at the local level, i.e., cooperative working relationships exist where none existed previously and the nature of cooperative working relationships has expanded. These relationships between organizational entities, groups, and individuals have resulted in increased and improved provision of appropriate education and related services to public school students. This conclusion is particularly true for those students who are served in cooperative mental health-education programs. Advances have also been made by mental health in the provision of education and consultation services to public school staff and the community. These advances should assist in attaining prevention and early intervention objectives.

Questions are often raised concerning the benefits of the mental health-education cooperative activities. The following anecdotal comments have been excerpted from the written questionnaire data to illustrate the benefits of establishing a strong mental health-education linkage.

"Overlap of services is reduced and education-treatment goals are better defined."

"The collaborative effort provides for earlier identification of children with emotional problems."

"The collaboration allows both the school system and the mental health center to provide greater mental health services than their respective budgets alone would permit."

"Through working with school systems, a very important amount of local money for matching purposes is obtained."

"Community mental health is able to provide services and expertise that is beyond the scope of the school board."

The interview data and the observation of operational programs also supported that benefits such as these are attained through cooperative arrangements.

In addition to indicating that progress has been made in establishing and maintaining mental health linkages and that there are mutual benefits, the study indicates that there is much work yet to be done. The findings clearly indicate areas of weakness that must be addressed if mental health-education linkages are to experience growth within individual sites and across the state. The following recommendations address areas in need of improvement.

Recommendations

Assessment of Policies and Funding Mechanisms

In order to encourage and facilitate development and maintenance of mental health-education linkages, policies and funding mechanisms which impact upon cooperative planning and programming should be assessed. Such assessment should occur both within and across both the Department of Health and Rehabilitative Services (DHRS) and the Department of Education (DOE).

Within the organizational structure of both DHRS and DOE many units and subunits are charged with providing for the mental health or education needs of children and youth. An assessment of policies and funding mechanisms implemented by these units would assist in clarification and coordination of roles, respon-

sibilities, and activities within each of the agencies, as well as for the identification of any existing overlaps and gaps. The second step in the assessment process would be the review and analysis of policies and funding mechanisms across the two agencies. Again, the intent of such review and analysis would be to clarify and coordinate roles, responsibilities, and activities. A systematic plan for such activities would be required in order to accomplish an initial assessment and to provide ongoing assessment of policies and funding mechanisms. Pre-specified criteria for the assessment should include: congruence of intents, goals, and objectives; differentiation of roles and responsibilities; allocation of resources to form a continuum of mental health-education services; and coordination of resources and efforts to prevent overlaps and gaps at the local level. The results of the assessment should serve as a basis for policy revision and policy development aimed at encouraging the initiation and maintenance of mental health-education endeavors.

Broadening the Linkages

The results of this study indicate gaps in and need for stronger linkages with Student Services, Alternative Education, Health Education, and Primary Education within public school districts. A plan for broadening the linkages of community mental health centers and clinics with local school districts should be designed and implemented. For example, an assessment could be conducted to specifically determine a) how much and what kinds of services community mental health centers and clinics are providing to Alternative Education Programs in local school districts, and b) unmet needs of Alternative Education Programs which could be fulfilled by community mental health centers and clinics. In addition, the following recommendations dealing with training

and technical assistance should be implemented to assist with broadening of the linkages between community mental health centers and clinics and local school districts.

Training

Inservice training which can be provided jointly to both mental health and education personnel should be designed, provided, and evaluated. The content of the initial training should address successful policies and procedures for initiating and maintaining mental health-education linkages. The individual linkage descriptions produced via this study provide examples of such successful policies and procedures. Local staff from the sites identified as having satisfactory or exemplary working relationships should be utilized as trainers, along with other appropriate regional and state level staff. The content and delivery of training should be developed considering the interest of the local staff and the size of the local school district. These considerations should also guide the selection of sites for delivery of training, i.e., state, regional, or local.

Technical Assistance

Mental health and education staff who manage and provide services through cooperative planning and programming have unique technical assistance needs. They must be well informed as to the intent and content of both mental health and education statutes and regulations. They must have a basic understanding of the philosophy and the methodology utilized by representatives of the other agency in delivery of services to mutual clientele. Need for specific technical assistance in such areas as a) identification and coordination of fund sources; b) development of written agreements, contracts, and operational procedures; c) negotiation of agreements; d) conflict management; and e) program evaluation

were consistently indicated. Strategies which will meet technical assistance needs should be planned and implemented. Such strategies for provision of technical assistance include:

1. The provision of written information which clarifies the organization, roles, and responsibilities of organizational units and staff of both mental health and education at all organizational levels (i.e., local, regional, and state).

2. Regular provision of written information to local mental health and education staff designed to keep them updated on laws, regulations, issues, procedures, program development, and program evaluation findings relative to cooperative planning and programming. Formats for dissemination of such information could include resource manuals, technical assistance papers, and newsletters.

3. Establishment of a clearly defined unit from which ongoing technical assistance can be received. Such a technical assistance unit need not be a traditional organizational unit within either the Department of Health and Rehabilitative Services or Department of Education. A technical assistance unit to meet the needs of cooperative mental health-education programs might best be established through the development of policies and procedures which would cut across both agencies. For example, one or more DHRS staff and one or more DOE staff could not only be assigned the responsibility of provision of technical assistance to cooperative programs but would also operate under a set of procedures to ensure that cooperative programs received complete and accurate information, needed inservice training, and opportunities for input to policy revision and development. Information and onsite technical assistance should be both provided and brokered through the unit.

The content of the technical assistance should be clearly designed to address the issues, policies, and procedures of cooperative programs. Examples of such issues which exist at this time include: assessing the mental health needs of public school students and staff; parent involvement; sharing of client/student information; joint selection, supervision and evaluation of staff; and program evaluation.

Technical assistance should also be provided to local staff through encouraging and facilitating onsite visits of local staff to other locales where cooperative planning and programming are occurring. Such visits would enable administrators and direct service staff to observe and collect first-hand information on cooperative planning and programming.

Discussion

In addition, to establishing baseline data on the status of community mental health and local school district linkages, the evaluation resulted in the description of local programs which can be considered for replication in other locales. The description of each program included the purpose of the linkage, the evolution of the linkage, strategies employed, and services provided through the cooperative efforts of the two agencies. Contact information was provided to encourage local staff to seek additional information about the programs.

Information obtained through the evaluation was organized, published, and disseminated to all local school districts and community mental health centers. Included within the publication was an evaluation form to collect initial user judgments of the utility, organization, and clarity of the information. Results of the evaluation are provided in Table II. The data

Table II

Initial Publication Evaluation

(n=157)

Statement	Response Scale 1 Strongly Agree	2 Agree	3 Neutral	4 Disagree	5 Strongly Disagree	Mean
1. The publication is well organized.	74	78	4	1	-	1.6
2. The purpose of the publication is stated clearly.	85	64	7	1	-	1.5
3. The contents of the publication should be helpful in developing and improving Mental Health - Education linkages.	40	86	28	2	1	2.0
4. The publication contains information which can be used for looking at future changes in Mental Health - Education relationships.	36	94	22	5	-	2.0
5. The individual linkage descriptions should be helpful in identifying practices and programs which I can use or suggest to others.	52	81	17	7	-	1.9
6. The recommendations for improvement of Mental Health - Education linkages are stated clearly.	42	94	17	4	-	1.9
7. The format of the document encourages its use.	38	77	33	8	1	2.1
8. The executive summary states clearly the major components of the study.	67	82	4	3	1	1.7
9. Overall, the publication contains information which is useful to me.	43	87	22	3	2	1.9

appear to indicate that the objectives of the publication were achieved. Additional information should be sought on what type of format would encourage local personnel use of such a publication.

An evaluation form and procedure was also designed for use by the Department of Health and Rehabilitative Services in conducting a six-month follow-up evaluation of the publication. The purpose of the follow-up evaluation will be to determine if the published information has resulted in increased and improved linkages and the adoption or adaptation of planning, program, or administrative linkages described in the document.